

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/609619</u>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
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TOTAL IND. <u>3</u>							TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP. <u>97</u>							TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS <u>100</u>							TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	